

APPLICATION FOR DIRECTORY OF SAFETY SERVICES

Please complete the information requested below and mail to the Department of Labor, Office of Workers' Compensation, P. O. Box 84040, Baton Rouge, Louisiana 70804-9040. The application may also be faxed to our office, at (225) 342-6756, or emailed to tdenet@ldol.state.la.us.

Name			Organization
Street Address			Position Title
City	State	Zip	Telephone Number
E-mail address (1)			E-mail address (2)
Additional Contact Information:			

EDUCATION: *Circle appropriate numbers*

- | | | | | | |
|----|---------|----|----------|----|-----------|
| 01 | A.A. | 11 | B.S. | 21 | M.D. |
| 02 | A.S. | 12 | B.S.E.E. | 22 | M.M.E. |
| 03 | A.A.S. | 13 | B.S.M.E. | 23 | M.P.H. |
| 04 | A.B. | 14 | Ed.D. | 24 | M.S. |
| 05 | B.A.E. | 15 | Ed.M. | 25 | M.S.I.E. |
| 06 | B/B/A | 16 | J.D. | 26 | M.S.M.E./ |
| 07 | B.C.H.E | 17 | L.L.B. | 27 | P.H.B. |
| 08 | B.Ed. | 18 | M.A. | 28 | Ph.D. |
| 09 | B.I.E. | 19 | M.A.E. | 29 | Sc.D. |
| 10 | B.M.E. | 20 | M.B.A. | | |

CERTIFICATION:

- | | |
|----|--------|
| 01 | CHCM |
| 02 | CIH |
| 03 | CSP |
| 04 | Other: |

SPECIALTY: *Circle appropriate numbers*

- | | | | | | |
|----|--------------------------------|----|-----------------------------|----|-----------------------------|
| 01 | Agricultural | 21 | Lasers | 41 | Research/ Development |
| 02 | Aviation/Space | 22 | Legal | 42 | Radiological Protection |
| 03 | Air Pollution | 23 | Machine Guarding | 43 | Rail/Transit |
| 04 | Audiometry | 24 | Marine | 44 | Risk Management / Insurance |
| 05 | Biological | 25 | Material Handling | 45 | Sanitation |
| 06 | Biomedical Technology | 26 | Medical Treatment | 46 | Standards / Compliance |
| 07 | Chemical / Hazardous | 27 | Mining | 47 | Operating Room (Hospital) |
| 08 | Compressed Gas / Air Equipment | 28 | Motor Vehicle | 48 | System Safety (MORT) |
| 09 | Construction | 29 | Noise | 49 | Toxicology |
| 10 | Consumer Activities | 30 | Nuclear | 50 | Training / Education |
| 11 | Design Engineering (Products) | 31 | Physical/Personnel Security | 51 | Ventilation |
| 12 | Electrical | 32 | OSHA Activities | 52 | Vibration |
| 13 | Emergency Services | 33 | Petroleum | 53 | Walking/Working Surfaces |
| 14 | Ergonomics / Human Factors | 34 | Pipeline | 54 | Waste Disposal |
| 15 | Fire Protection | 35 | Product | 55 | Water Pollution |
| 16 | Generalist | 36 | Psychological / Behavior | 56 | Management |
| 17 | Hand and Power Tools | 37 | Physiological | 57 | Dust (respirable) |
| 18 | Health Care | 38 | Quality / Reliability | 58 | Industrial Hygiene |
| 19 | Laboratory / Chemical | 39 | Recreation | | |
| 20 | Ladders/Scaffolds | 40 | Regulatory | | |

Complete both pages

SAFETY EXPERIENCE
(INDICATE A MINIMUM OF TEN YEARS)

FIRM	YEARS	TITLE	SUPERVISOR

SUBSPECIALTIES

Within each specialty circled above, a consultant may designate sub-specialties per the examples below:

Specialty: Aviation / Space

Subspecialty: Failure analysis; Structural design and analysis;
Operational procedures; System Safety

Specialty: Product

Subspecialty: Design review; Reliability; Liability; Warnings;
Packaging; Storage; Recalls

ENTER SUBSPECIALTIES BELOW:

Office Use: Notes on verification

Attach copies of diplomas, certifications, or other verification records.
Notarized verification of ten years professional safety experience will be accepted in lieu of college degree.